



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      **OR**      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	021989.000710US
First Named Inventor	George H. Lowell, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/706,275
Filing Date	11/13/03
Art Unit	1642
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Vaccine

(Title of the Invention) VACCINE

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY)

11/13/03

as United States Application Number or PCT International

Application Number 10/706,275 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2002302132	Australia	11/15/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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**DECLARATION — Utility or Design Patent Application**

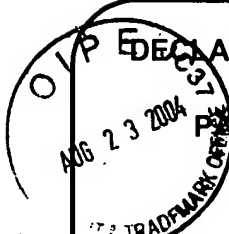
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>20350</b> <b>OR</b> <input type="checkbox"/> Correspondence address below	
Name	
Address	
City	State ZIP
Country	Telephone Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>	
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) George H.	Family Name or Surname Lowell
Inventor's Signature	Date
Residence: City Montreal	State Quebec Country Canada Citizenship Canada
Mailing Address 185 Eton Crescent	
City Montreal	State Quebec ZIP H3X 3K4 Country Canada
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gregory L.	Family Name or Surname White
Inventor's Signature	Date
Residence: City Beaconsfield	State Quebec Country Canada Citizenship USA
Mailing Address 475 Coronet Avenue	
City Beaconsfield	State Quebec ZIP H9A 1Z8 Country Canada
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.	

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**

Page 3 of 4

<b>Name of Additional Joint Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any))			Family Name or Surname		
Michael Raymond			Batzloff		
Inventor's Signature				Date	
Residence: City	Coopers Plains	State	Queensland	Country	Australia
Mailing Address		4 Atkinson Close			
Mailing Address					
City	Coopers Plains	State	Queensland	ZIP	4108
Country		Australia			
<b>Name of Additional Joint Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
David S.			Burt		
Inventor's Signature				Date	
Residence: City	Dollard Des Ormeaux	State	Quebec	Country	Canada
Mailing Address		23 Lesage Road			
Mailing Address					
City	Dollard Des Ormeaux	State	Quebec	ZIP	H3X 3K4
Country		Canada			
<b>Name of Additional Joint Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Tomas B.			Leanderson		
Inventor's Signature				Date	
<i>[Signature]</i>				August 12, 2009	
Residence: City	Malmö	State		Country	Sweden
Mailing Address		Salongsgatan 16B			
Mailing Address					
City	Malmö	State		ZIP	SE-211 16
Country		Sweden			

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	First Named Inventor	George H. Lowell, et al.
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	Application Number	10/706,275
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	Art Unit	1642
Examiner Name		

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Vaccine

(Title of the Invention) VACCINE

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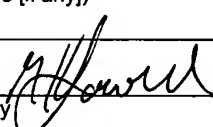
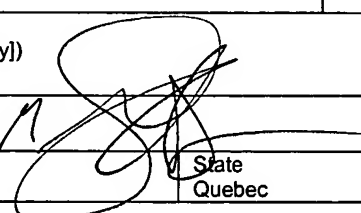
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# DECLARATION — Utility or Design Patent Application

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Name			
Address			
City		State	ZIP
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) George H.		Family Name or Surname Lowell	
Inventor's Signature 		Date 25 May 2004	
Residence: City Montreal	State Quebec	Country Canada	Citizenship <del>Canada</del> USA
Mailing Address 185 Eton Crescent			
City Montreal	State Quebec	ZIP H3X 3K4	Country Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gregory L.		Family Name or Surname White	
Inventor's Signature 		Date 25 May 2004	
Residence: City Beaconsfield	State Quebec	Country Canada	Citizenship USA
Mailing Address 475 Coronet Avenue			
City Beaconsfield	State Quebec	ZIP H9A 1Z8	Country Canada
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**  
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Given Name (first and middle if any))			Family Name or Surname		
Michael Raymond			Batzloff		
Inventor's Signature				Date	
Residence: City	Coopers Plains	State	Queensland	Country	Australia
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Country				Australia	
<b>Name of Additional Joint Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
David S.			Burt		
Inventor's Signature <i>D. Burt</i>				Date <i>25 May 2004</i>	
Residence: City	Dollard Des Ormeaux	State	Quebec	Country	Canada
Mailing Address <del>23 Leage Road</del> 330 Newton Rd					
Mailing Address					
City	Dollard Des Ormeaux	State	Quebec	ZIP	<del>H3X 3K4</del> H9A 3L1
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Tomas B.			Leanderson		
Inventor's Signature				Date	
Residence: City	Malmö	State		Country	Sweden
Mailing Address Rodergatan 8B					
Mailing Address					
City	Malmö	State		ZIP	211 16
Country				Sweden	

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Michael F.		Good	
Inventor's Signature		Date	
Residence: City	Queensland	State	Country Australia
Citizenship Australia			
Mailing Address 46 Weemala Street, The Gap			
Mailing Address			
City	Queensland	State	ZIP 4061
		Country Australia	
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Given Name (first and middle if any))			Family Name or Surname		
Michael Raymond			Batzloff		
Inventor's Signature <i>M R Batzloff</i>				Date <i>26/5/04</i>	
Residence: City	Coopers Plains	State	Queensland	Country	Australia
Citizenship Australia					
Mailing Address 4 Atkinson Close					
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City	Coopers Plains	State	Queensland	ZIP	4108
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Inventor's Signature				Date	
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Mailing Address 23 Lesage Road					
Mailing Address					
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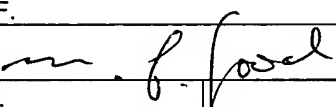
**Name of Additional Joint Inventor, if any**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any))

Family Name or Surname

Michael F.

Good

Inventor's  
Signature

Date

28/5/14

Residence:  
City

The Gap

State

Queensland

Country

Australia

Citizenship

Australia

Mailing  
Address

46 Weemala Street

Mailing  
Address

City

The Gap

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Queensland

ZIP

4061

Country

Australia

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